PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 223134450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS: (Note: Use Block 1 for any change of address)

CUSTOMER NO. 20987

VOLENTINE FRANCOS & WHITT, PLLC ONE FREEDOM SQUARE 11951 FREEDOM DRIVE, SUITE 1260

RESTON VA 20190 05/06/2005 MBEYENE2 00000121 09749306

01 FC:1501 02 FC:1504 03 FC:8001 1400.00 OP 300.00 OP 12.00 GP



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date

(Depositor's name) (Signature) (Date)

EXAMINER ART UNIT MAGEE, CHRISTOPHER R 2653 1. Change of correspondence address or indication of "Fee Address"			720-728000		
		ART UNIT	CLASS-SUBCLASS		
nonprovisional	NO	\$1400	\$300	\$1700	05/09/2005
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
09/749,306 12/27/2000 TITLE OF INVENTION: DISK CARTRIDGE		Tsuton	nu Sawada	AOY.006	5426
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.

- spondence address or indication of "Fee Address (37 CFR 1.363).
 - ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a
- For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. if no name is listed, no name will be printed.

ł	VU	LEN	HNE	FRANC	US &	
_						
2	WH	IITT.	P.L.I	L.C.		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT(print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

DAI NIPPON PRINTING CO., LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TOKYO JAPAN

27.1.1.1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1		101(10,0711711			
Please check the appropriate assignee cate	gory or categories (will not be printed o	n the patent): Individual	☑ Corporation or oth	er private group entity	☐ Government
4a. The following fee(s) are enclosed	l: ·	4b. Payment of Fee(s):			
☑ Issue Fee		A check in the amount o	f the fee(s) is enclos	sed.	
☑ Publication Fee (No small entition)	ty discount permitted)	Payment by credit card. I	Form PTO-2038 is a	attached.	
Advance Order - # of Copies	4	The Director is hereby au to Deposit Account Number	uthorized to charge 50-0238	the required fee(s), or (enclose an e	credit any overpayment, xtra copy of this form).
 Change in Entity Status (from state) a. Applicant claims SMALL E 	,	☐ b. Applicant is no longer	claiming SMALL I	ENTITY status. See 3	7 CFR 1.27(g)(2).
The Director of the USPTO is reques above. NOTE: The Issue Fee and Pub assignee or other party in interest as s	olication Fee (if required) will not	be accepted from anyone other	than the applicant;	paid issue fee to the ap a registered attorney of	oplication identified or agent; or the
Authorized Signature	4	D	ate	MAY 5, 2005	
Typed or printed name	ADAMIC VOLENTINE	D	agistration No	33 280	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14.. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R (31))					Docket No. AOY.006	
Applicant(s): Tsuto	mu SAWADA	MAY 0 5 2005 E				
Application No. 09/749,306	Filing Date 12/27/2000	Magee, Christopher R	Customer No. 20987	Group Art Unit 2653	Confirmation No. 5426	
Invention: DISK	CARTRIDGE					
		Mail Stop Issue F COMMISSIONER FOR P P.O. Box 1450 Alexandria, VA 22313	PATENTS	77 - 14		
	•	or the above-identified applic	ation.			
	ansmittal Form PTOL		П	Diant Foot		
☑ Utility Fee:☑ Publication Fe	<u> </u>	☐ Design Fee:		Plant Fee:		
 ☑ Publication Fe ☑ A check in the 						
	•	to charge and credit Deposit	Account No.	50-0238	8	
as described b	below.	,				
53	arge the amount of					
	edit any overpayment					
	arge any additional fe	•				
•	redit card. Form PTC		_			
WARNING: In included on f	iformation on this this form. Provide c	form may become public. C credit card information and	redit card inform I authorization or	าation should n า PTO-2038.	ot be	
6	11/	— Dat	** **** * 200£	-		
ADAM C. VOLE REG. NO. 33289		Date	ed: MAY 5, 2005			
	RANCOS & WHITT, M DRIVE, SUITE 120 190	•				
TEL. 571.283.072	20					
	ficate of Transmission by ertificate may only be us by deposit account.	sed if paying	Certificate of M	1ailing by First Cla	ss Mail	
	document and authorizating facsimile transmitted office (Fax No.	to the United States with first Pate	ereby certify that this the United States Pos class mail in an envel ents, P.O. Box 1450, Al a)] on	stal Service with suf- elope addressed to "	fficient postage as Commissioner for	
(Date)			(Date)	_•		
	Signature		Signature of Pers	son Mailing Correspo	ndence	
Typed or Prin	nted Name of Person Signin	ig Certificate	Typed or Printed Name	of Person Mailing Co	orrespondence	

P35LARGE/REV06